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CONFIRMATION NO. 8353

<b>SERIAL NUMBER</b> 10/722,695	<b>FILING OR 371(c) DATE</b> 11/24/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 22058-536 (AM101268)	
<b>APPLICANTS</b> Joseph L. Wooters, Brighton, MA; Benjamin J. Metcalf, Rochester, NY; Banumathi Sankaran, Pittsford, NY;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/428,585 11/22/2002					
<b>** FOREIGN APPLICATIONS *****</b> <i>Foreign Priority should be here Victor</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/26/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC.119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 37	<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> 30623					
<b>TITLE</b> Composition for treating Chlamydia infections and method for identifying same					
<b>FILING FEE RECEIVED</b> 1636	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		